



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Medical Use of Cannabis Program Registry Identification Card Change / Reissue Form

Section 1: Registrant Information. Complete information as on current registration.

Registrant's Legal Name:	Registry Identification Number: RIC		
Date of Birth:	Telephone Number:		
Mailing Address:	City:	State:	Zip:

Section 2: Type of Request. Check each type of change requested and complete the corresponding Section(s).

- Card was lost, stolen or damaged. If no changes, skip to Section 4.
- Change(s) to identifying or contact information, complete Section 3.

Section 3: Identifying or Contact Information. Complete only those items that have changed.

Registrant's Legal Name: <small>*Please provide proof of legal name change, such as a marriage certificate, probate court order, or similar legal document.</small>			
Phone:	Email Address:		
Mailing Address:	City:	State:	Zip:
Residential Street Address:	City:	State:	Zip:

Section 4: Fees. This change request will not be considered until the reissuance fee is remitted, if applicable.

All reissuances of a lost, stolen or damaged card, or a change in legal name require that the Registered Identification Card be re-issued and therefore a reissuance fee is to be paid:

- This change request does not include one of the above changes, therefore a reissuance fee is not required.

Reissuance Fee: \$10.00

Cash and personal checks are not accepted by the Office of Cannabis Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." Include your name and license number on the payment.

All fees are non-refundable.

Section 5: Signature.

I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Signature:	Date:
Printed Name:	